

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

|   |  |   |  |
|---|--|---|--|
| NAME OF COMMITTEE (In Full)<br>1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC-<br>AL ACTION FUND  |  | FEC IDENTIFICATION NUMBER<br><b>C</b> C00348540   |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice  |  |   |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>1199 SEIU UNITED HEALTHCARE WORKERS EAST   |  | Date<br>M M / D D / Y Y Y Y<br>0 9 / 2 5 / 2 0 0 8  |  |
| Mailing Address<br>330 WEST 42ND STREET   |  | Amount<br>82522.06  |  |
| City State Zip Code<br>NEW YORK NY 10036  |  | Transaction ID: SE.6014   |  |
| Purpose of Expenditure<br>REIMBURSE STAFF SALA-<br>RIES AND BENEFITS  |  | Office Sought: <input type="checkbox"/> House State: OH<br><input checked="" type="checkbox"/> Senate District: _____<br><input checked="" type="checkbox"/> Presidential     |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>BARACK OBAMA  |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |
| Calendar Year-To-Date Per Election<br>for Office Sought 544610.02   |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2008 <b>[MEMO ITEM]</b> |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>1199 SEIU UNITED HEALTHCARE WORKERS EAST   |  | Date<br>M M / D D / Y Y Y Y<br>0 9 / 2 5 / 2 0 0 8  |  |
| Mailing Address<br>330 WEST 42ND STREET   |  | Amount<br>78033.76  |  |
| City State Zip Code<br>NEW YORK NY 10036  |  | Transaction ID: SE.6016   |  |
| Purpose of Expenditure<br>REIMBURSE STAFF SALA-<br>RIES AND BENEFITS  |  | Office Sought: <input type="checkbox"/> House State: PA<br><input type="checkbox"/> Senate District: _____<br><input checked="" type="checkbox"/> Presidential                |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>BARACK OBAMA  |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |
| Calendar Year-To-Date Per Election<br>for Office Sought 665405.85   |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2008 <b>[MEMO ITEM]</b> |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |  | 0.00  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....   |  |   |  |
| (c) TOTAL Independent Expenditures .....  |  |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with,<br>or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party<br>committee) any political party committee or its agent. |  |   |  |
| PATRICK GASPARD<br>Signature  |  | Date M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8   |  |